

**EXHIBIT**

**C**

## CHARGE OF DISCRIMINATION

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.



FEPA



EEOC

520-2007-02260

City of N.Y. Div of Human Rights N.Y. State Div of Human Rights and EEOC  
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

John L. Peteres-Tolino

HOME TELEPHONE (Include Area Code)

(845) 794-7466

STREET ADDRESS

14 Straight Path

CITY, STATE AND ZIP CODE

Rock Hill N.Y. 12775

DATE OF BIRTH

2-17-60

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME Commercial

Electrical Contractor Inc.

NUMBER OF EMPLOYEES, MEMBERS

~ 80

TELEPHONE (Include Area Code)

(718) 784-3500

STREET ADDRESS

10-28 47<sup>th</sup> Ave.

CITY, STATE AND ZIP CODE

Long Island City N.Y. 11101

COUNTY

Queens

NAME

Laurelton Electric

TELEPHONE NUMBER (Include Area Code)

(718) 525-8200

STREET ADDRESS

230-04 South Conduit Ave. Springfield Gardens, N.Y.

CITY, STATE AND ZIP CODE

11413

COUNTY

Queens

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☒ AGE ☒ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST

7-5-06

LATEST

7-7-06

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Federal E.E.O.C., N.Y.

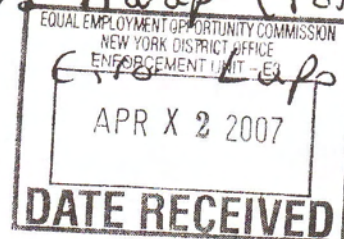
State Human Rights Law, City of N.Y. Human

Rights Law → Commercial Electrical Contractors

Inc. - Laurelton Electric - Edward Harap (Foreman) -

Arthur Loweth (superintendent) - Edward Harap (owner) -

Steven London (owner)



— My doctor diagnosed me as having the pre-existing condition of both asthma and scoliosis. →

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

John L. Peteres-Tolino

John L. Peteres-Tolino

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

(Day, month, and year)

Date 3-29-07

Charging Party (Signature)

John L. Peteres-Tolino

Louise T. Lothrop 03/29/2007



## CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

N.Y. City Division of Human Rights, N.Y. State Human Rights

State or local Agency, if any

and EEOC

THE PARTICULARS ARE (Continued from previous page):

I informed the company. I have never been terminated, disciplined or ridiculed due to my needing a reasonable accommodation. I was assigned to work for Commercial Electrical Contractors Inc. at the Dalton school of music. I began Monday at this job site, July 3<sup>rd</sup> 2006 and was fired on Friday July 7<sup>th</sup> 2006. July 4<sup>th</sup> was a holiday, so I worked at this job site for commercial only 3 1/2 days. Previous to this I worked for this company at other job sites beginning May 17 2006. I was terminated for the specific reason of my disabilities and my age in relation to my disabilities. It was stated that I DID NOT BELONG IN THE INDUSTRY. - The problem was that I requested an accommodation of making various trips to carry materials, etc. - Thus, to alleviate my back/spinal conditions and asthmatic conditions. Also I requested assistance in carrying a very long extension ladder and I was denied this and forced to carry it myself up + down 3 flights of stairs. I was fired upon my need to go to the hospital with injuries, etc.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

John L. Petersen-Tolens

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

John L. Petersen-Tolens

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (month, day, year)

3-29-07

John L. Petersen-Tolens

Date

Charging Party Signature

LOUISE T. LOTHROP  
 NOTARY PUBLIC, State of New York  
 No. 01106012203

Qualified In Sullivan County  
 Commission Expires December 11 2010